

# **Contract Formula Sample Order and Delivery Form**

## **WIC – 403**

**Purpose:** To request an increase or decrease of quantity, type or deliver location for contract sample formula shipped to a health district. Any change in total quantity may not exceed the health districts maximum allocation.

**Reference:** FDS 3.1.2 Ordering Contract Formula Samples

**Procedure:** Complete the form as follows:

1. **Health District Name-** Print the name of the health district.
2. **Health District Contact-** Print the name of the authorizing health district contact.
3. **Telephone-** Print the telephone number of the authorizing health district contact.
4. **Date-** Print the date for completing the form.
5. **ID # -** Print the delivery location WIC identification number.
6. **Location Name-** Print the name of the location were the formula must be delivered.
7. **Formula Name/Case -** Print the number of cases under the formula column to be ordered and shipped.
8. **Contact Name-** Print the name of the contact person for the ship to location.
9. **Submit Form** – Submit the completed Contract Formula Sample Order and Delivery Form to the SWO Contract Formula Vendor Liaison by fax or email.

Disposition: Maintain in sample formula order file

Retention: Three (3) years. (Longer, if necessary, for audit or litigation resolution).

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District  
Name: \_\_\_\_\_  
Date: \_\_\_\_\_

District Contact \_\_\_\_\_  
Telephone: \_\_\_\_\_

		Similac Advance Concentrate	Similac Advance Powder	Similac Sensitive Concentrate	Similac Sensitive Powder	Isomil Soy Concentrate	Isomil Soy Powder		
ID #	Location Name	Case	Case	Case	Case	Case	Case	Contact Person	